

PSJ3

Exhibit 55



ONCOLOGY GRAND ROUNDS

Spring Series

March 24, 1992

SPEAKER: LEONARD GOMELLA, MD
Assistant Professor
Department of Urology
Jefferson Medical College, Philadelphia, PA

TOPIC: **UPDATE ON THE TREATMENT OF PROSTATE CANCER AND
THE ROLE OF PROSTATE CANCER SCREENING**

April 28, 1992

SPEAKER: ROBERT KYLE, MD
Professor of Medicine/Laboratory Medicine
Mayo Foundation
Pittsburgh Cancer Institute

TOPIC: **OVERVIEW AND UPDATE ON THE DISEASE AND
TREATMENT OF MULTIPLE MYELOMA**

May 26, 1992

SPEAKER: KATHLEEN M. FOLEY, MD
Chief, Pain Service
Department of Neurology
Memorial Sloan Kettering Cancer Center

TOPIC: **MANAGEMENT OF CANCER PAIN**

Time: Noon

Location: Security Conference Room, JFK Medical Center
65 James Street, Edison, NJ

THIS PRESENTATION IS SUPPORTED BY THE LORRAINE OLECKNA MEMORIAL CANCER RESEARCH FUND (AFFILIATED WITH THE JFK MEDICAL CENTER FOUNDATION)
JFK MEDICAL CENTER IS ACCREDITED BY THE MEDICAL SOCIETY OF N.J. TO GRANT ONE HOUR OF CATEGORY I CREDITS FOR THIS ACTIVITY, AMA, AAFP.

Please R.S.V.P. by filling out the form below and returning it by March 15 to:

Carol Simon, Cancer Registry, JFK Medical Center
65 James Street, Edison, NJ 08818

- ☐ Yes, I will be attending the **March 24** spring program.
- ☐ Yes, I will be attending the **April 28** spring program.
- ☐ Yes, I will be attending the **May 26** spring program.

NAME _____

ADDRESS _____

PHONE # _____ AFFILIATION _____

8112640772
PDD1701924912

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PKY181128168

please expedite!

Purdue Frederick Speakers' Bureau Speaker Request Form

RECEIVED

MAR 31 1992

Mail To:

- 1 District Manager for approval.
 2 District Manager mails to: **The Purdue Frederick Company**
 Speakers' Bureau
 100 Connecticut Avenue
 Norwalk, CT 06856

Contact:

Name of person responsible for meeting: **HARRY LAZARUS**
Nancy Flamingo, R.N.
 Title **Program Coordinator, Radiation Oncology Dept.**
 Street **JFK Medical Center** City **Edison**
 Street **65 James St.**
 State **NJ** Zip **08818** Telephone **(908) 321-7167**

Directions:

- 1 All blanks must be completed for the request to be processed.
 Please print information clearly.
 2 Alternate speakers must be approved by the organization.
 3 Fill out the speakers' program evaluation form after the meeting.
 4 Check to make sure bottom copy is legible.
 5 Yellow copy will be returned following home office review.

Program:

Program description or name of meeting:

ONCOLOGY GRAND ROUNDS

Speaker's Topic:

MANAGEMENT OF CANCER PAINDate **MAY 26, 1992** Time **NOON**

Alternate date(s) Time

Time

Location (address and room number)

SECURITY CONFERENCE ROOM**JFK MEDICAL CENTER, 65 JAMES ST.
EDISON, N. J.**Is this part of a full-day program? Yes ☐ No ☒Has this program been previously arranged with the speaker by the organization? Yes ☒ No ☐

Sponsoring organization:

LORRAINE OLEKNA MEMORIAL**CANCER RESEARCH FUND**

Estimate attendance:

MDs **40-60** Pharms **3-5**Nurses **40-60** Others **5-10**Audience will be: ☐ Academically Oriented ☒ Clinically Oriented**Objective:**

To increase awareness usage of MSC.
- Chief of Oncology has already arranged Dr. Foley's visit, with hospital planning to pay - asks if we can sponsor & display.
 white and yellow—Medical Dept, pink—District Manager, goldenrod—Rep. (Sponsoring talk)

Speaker Requested:**Speaker Location:**1 **Kathleen M. Foley, MD, MSK, N.Y.**2 **212/639-7050**

3

Travel Requirements **-car/train**

Estimated distance and time from the program site for speaker Choice #1

Miles (one way) **90** Time **1 1/2 - 2 hrs.**

Reason for recommending speaker

Dr. Foley is scheduled for this appearance.
Our sponsorship will do much to support MSC MD rapport, prestige - and allow display.

Materials:How many bulletin board notices do you want? **0**How many invitations do you want? **0****Plans:**

What other plans do you have to make this meeting productive (e.g. reprints, literature, follow-up)?

Pre-meeting PR, literature, much MD follow-up.

Representative Territory # **3225658**Name **Larry Butts, Sr.** Date of Request **3/24/92****Approvals:**District Manager Yes ☒ No ☐Name *[Signature]* Date **3/27/92**Medical Department Yes ☒ No ☐Name *[Signature]* Date **3/21/92****For Home Office Use:**

Armonsun she's talking on cancer pan (yes she's)

C2513 Rev. 2/91 R207A

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IMPORTANT MESSAGE

FOR Terry

DATE 5-7 TIME 10:15 AM P.M.

WHILE YOU WERE OUT

M Carol Simon

OF JFK

PHONE NO. _____

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	
WANTS TO SEE YOU	<input type="checkbox"/>	RUSH	

RETURNED YOUR CALL ☐

MESSAGE

We should pay her
directly
(Kathleen Foley)

SIGNED _____

L1-A2334 PRINTED IN U.S.A.

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IMPORTANT MESSAGE			
FOR <u>Terry</u>			
DATE <u>5-7</u>	TIME <u>9:10</u>	<u>A.M.</u> P.M.	
WHILE YOU WERE OUT			
M	<u>Carol Simon</u>		
OF <u>1</u>	<u>JFK - Edison, NJ</u>		
PHONE NO.	<u>908-321-7740</u>		
TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL <input type="checkbox"/>			
MESSAGE	<u>Re: Kathleen Foley talk</u> <u>on 5-26</u>		
<u>Paula Holica</u>			
<u>2) needs Eastern Region</u>			
SIGNED	<u>Speakers list - didn't</u> <u>get one</u>		
Associated L1-A2334		PRINTED IN U.S.A.	

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CHECK REQUESTCompany name: PFDate: June 11, 1992To: Kathleen Foley, M.D.Mem Sloan Kett/1275 York Ave/Box 52New York, NY 10021For: JFK Medical Center (Edison, NJ)
Speakers Bureau - (LB 6348) on 5-26-92**1099 TAX INFORMATION***Payee's ID Number: SS#

Expense Distribution:

1099: \$ 750.00 **EXPENSE: \$** 9.00

*Completion required for all 1099 applicable payments.

Gen. Ledger Account No: 486-7130

ORACLE	
VENDOR #	INVOICE #
EDP-A/P	
VENDOR #	BATCH #
VOUCHER #	ACCTG. PERIOD

Amount: 759.00Requested by Terry NewellApproved by: [Signature]**PLEASE FORWARD CHECK TO:** Terry Newell8112640776
PDD1701924916

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THE PURDUE FREDERICK COMPANY -- SPEAKER FOLLOW-UP FORM

Track No.: LB 6348

Speaker: Kathleen Foley, M.D.

Soc Sec #

JUN 01 1992

Mailing Address: Memorial Sloan Kettering Cancer Center/1275 York Ave/Box 52

Location/Street

New York, NY 10021

City/State/Zip Code

Meeting: Date: 05-26-92

Location: J.F.K. Medical Center

Edison, New Jersey

Topic Of Presentation:

Financial: Honorarium: \$ 750.00

Travel Expenses:

Mileage (\$0.22/mile):

Tolls/Parking:

Hotel:

Meals:

Other:

Grand Total: \$

759.00

Program Assessment: On a scale of 1 (poor) to 5 (excellent) please rate: Audience Size

Audience Reaction:

Audience Knowledge Of Topic:

How Helpful Was PF Representative To You:

In a few words, please give us your overall impression of this program:

Hospital very interested in a pay program.

Signed:

Kathleen Foley

Date:

5/26/92

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SPEAKERS BUREAU CONFIRMATION RECORD

Logged _____
Eval _____

Date Request
Received _____

Tracking

No. LB 6348

Requesting

Rep. L. Butts

Talk
Approved _____

Talk
Date

5/26/12

Speaker: Foley
10021

Date of Confirmation
with Institution

5/7

Notes:

LM 4/9
LM 5/5
LM 5/7

Date of Confirmation
with Speaker

4/9

Confirm Letter 5/9

Notes:

4/9 - all set

Date of Confirmation
with Rep _____

Notes:

Reminder Target: _____
Reminder Actual: _____

Thank You Target: 6/9
Thank You Actual: _____

Speaker Bureau ()
Corporate ()

Honorarium for this Talk:
\$ 750

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PKY181128174

PAYOR THE PURDUE FREDERICK COMPANY			VENDOR NO. A014155	VENDOR NAME FOLEY KATHLEEN, M.D.		CHECK NO. 112800	PAGE NO. 1
COMPANY 0101	INVOICE DATE 06/11/92	INVOICE NO. F0L0611	VOUCHER NO. 023905	GROSS AMOUNT 759.00	DISCOUNT .00	NET AMOUNT 759.00	
						759.00	
REMITTANCE ADVICE						TOTAL PAYMENT	

8112640779
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